2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007147

Entity Name: REVIVAL EXPLOSION MINISTRIES, CORP.

FILED Apr 28, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

105 MEADOW GLEN CT. 8317 SUMNER AVE.

MINNEOLA, FL 34715 US FORT MYERS, FL 33908 US

Current Mailing Address: New Mailing Address:

105 MEADOW GLEN CT. 8317 SUMNER AVE.

MINNEOLA, FL 34715 US FORT MYERS, FL 33908 US

FEI Number: 26-3076413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FALCAO JR., JOSE H

105 MEADOW GLEN CT.

8317 SUMNER AVE.

FORT MYERS EL 22002

MINNEOLA, FL 34715 US FORT MYERS, FL 33908 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

 Name:
 FALCAO JR., JOSE H
 Name:
 FALCAO JR., JOSE H

 Address:
 105 MEADOW GLEN CT
 Address:
 8317 SUMNER AVE.

 City-St-Zip:
 MINNEOLA, FL 34715 US
 City-St-Zip:
 FORT MYERS, FL 33908 US

Title: DVPT () Delete Title: DVPT (X) Change () Addition Name: FALCAO, JOSE H

Address: 105 MEADOW GLEN CT Address: 5154 MILLENIA BLVD.
City-St-Zip: MINNEOLA, FL 34715 US City-St-Zip: ORLANDO, FL 32839 US

Title: DS () Delete Title: () Change () Addition

 Name:
 FALCAO, DANIEL
 Name:

 Address:
 3625 COLLEGE AVE. CLC 405
 Address:

 City-St-Zip:
 DAVIE, FL 33314 US
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 SPARKS, MATTHEW P
 Name:

 Address:
 25519 LIDO AVE.
 Address:

 City-St-Zip:
 SORRENTO, FL 32778 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMES FALCAO DVPT 04/28/2009